

NIH Clinical Center

CONFIDENTIALITY AGREEMENT

GENERAL CONFIDENTIALITY AGREEMENT -

I, the undersigned, have reviewed and understand the following statements:

- All patient, employee, research, and proprietary information is considered confidential and should not be used for purposes other than its intended use.
- I have an ethical and legal obligation to protect confidential information used or obtained in the course of delivering healthcare or performing other duties and understand that all policies on confidentiality apply equally to data stored both in the computer and on paper records
- Authorization to disclose information is made only by managers and only on a need-to-know basis as part of healthcare delivery, education, or research.
- Media contacts concerning any patient, employee, or research project must be referred to the public relations office or to the Department Head.
- Unauthorized use of, or access to, confidential information may result in discipline up to and including termination of employment. Violation of confidentiality may also create civil and criminal liability.

COMPUTER ACCESS CONFIDENTIALITY AGREEMENT - *Persons with Computer Access*

I, the undersigned, acknowledge that in the course of my work at the Clinical Center, I will be privileged to information confidential to Clinical Center and/or to an individual patient, employee, or researcher and understand the following:

- My application systems sign-on and password code(s) are equivalent to my signature.
- I will be responsible for any use or misuse of my network or application system sign-on code(s).
- I have completed the NIH Security Awareness training (<http://irtsectraining.nih.gov/login.asp>)
- I will not attempt to access information on the Clinical Center network except to meet needs specific to my job/position.
- I will not share my sign-on code and/or password with anyone
- I understand that if my duties change, access to computer systems may also change and it will be my responsibility to ensure that I have notified my management of such change.
- I, the undersigned, further understand and agree that the consequences of a violation of the above statements may result in disciplinary action up to and including termination, loss of privileges, or termination of the relationship.

Signed: _____

Date: _____

Print Name: _____

Department: _____

Witness Signature: _____

Date: _____